



## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION:                 | INITIALS  | ID NO. | DATE     |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION         |           |        |          |
| O.I.P.E. CLASSIFIER       |           | 59     | 126      |
| FORMALITY REVIEW          | <i>JA</i> | 852    | 01-02-01 |
| RESPONSE FORMALITY REVIEW |           |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

| Claim |          | Date |   |
|-------|----------|------|---|
| Final | Original |      |   |
| 1     | ✓        | ✓    | ✓ |
| 2     | ✓        | ✓    | ✓ |
| 3     | ✓        | ✓    | ✓ |
| 4     | ✓        | ✓    | ✓ |
| 5     | ✓        | ✓    | ✓ |
| 6     | ✓        | ✓    | ✓ |
| 7     | ✓        | ✓    | ✓ |
| 8     | ✓        | ✓    | ✓ |
| 9     | ✓        | ✓    | ✓ |
| 10    | ✓        | ✓    | ✓ |
| 11    | ✓        | ✓    | ✓ |
| 12    | ✓        | ✓    | ✓ |
| 13    | ✓        | ✓    | ✓ |
| 14    | ✓        | ✓    | ✓ |
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| 22    | ✓        | ✓    | ✓ |
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| 25    | ✓        | ✓    | ✓ |
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| 49    | ✓        | ✓    | ✓ |
| 50    | ✓        | ✓    | ✓ |

| Claim |          | Date |  |
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| Final | Original |      |  |
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| Claim |          | Date |  |
|-------|----------|------|--|
| Final | Original |      |  |
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If more than 150 claims or 10 actions  
staple additional sheet here

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